

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 29, 2018

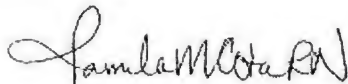
Ms. Ashley Hudson, Manager
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2018
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS CARE HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MAIN STREET NORTHFIELD, VT 05663		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey from 4/17/2018-4/18/2018. The following regulatory deficiencies were identified.	R100			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that a resident's care plan was updated to address existing needs in order to maintain independence and well-being for one of four residents in the sample (Resident #3). Findings include : Per record review, Resident #3 was admitted to the residence in December 2017. Shortly after moving into the residence, Resident #3 experienced repeated verbally aggressive behaviors instigated by Resident #4, in addition to an episode during which s/he was pushed by Resident #4. According to Nurse Progress notes dated 1/4/2018-1/11/2018, Resident #3 experienced "multiple episodes of yelling" from Resident #4 requiring an increase in staff presence in order to reduce conflict between the	R145		<p><i>* Please see attached. H</i></p> <p>POC's for R-145, R171 & R249 accepted 5/15/18 F. McIntosh RN / S. Penny RN See attached POC's</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

OKY611

If continuation sheet 1 of 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2018
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R145	Continued From page 1 residents. Per interview with the Administrator, caregivers implemented interventions and increased monitoring of Resident #3. Per record review, Resident #3's care plan dated 12/26/2017 did not include special instructions or psychosocial interventions following the pattern of behaviors directed at him/her by Resident #4, and was not updated following a documented series of behavioral incidents between the two residents. The above findings regarding the lack of update to Resident #3's care plan were reviewed with the residence Administrator and Nurse Manager at 11:30 AM on 4/18/2018.	R145	Please see attached		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive	R171			

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R171	<p>Continued From page 2</p> <p>medications, a record of monitoring for side effects. (6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the residence failed to ensure that all documentation of medication administration included the necessary elements sufficient to indicate that the medication regimen as ordered is appropriate and effective for two out of four residents in the sample (Resident #1 and Resident #2). Findings include:</p> <p>Per record review, Resident #1 received 30 cc of PRN (as needed) Maalox on 4/5/2018 at 12:30 PM due to a complaint of stomach distress consistent with the physician order. There was no documentation in the Medication Administration Record (MAR) to demonstrate whether or not the medication was effective in relieving Resident #1's reported symptoms.</p> <p>Per record review, Resident #2 received 650 mg of PRN Tylenol on 4/15/2018 at 15:00 due to complaints of a headache consistent with the physician order. There was no documentation on the MAR to demonstrate whether or not the medication was effective in relieving Resident #2's reported symptoms.</p> <p>The residence's Assisting with PRN Medications policy states, "one or two hours after giving a PRN medication, write on the back of the Medication Record the results of the medication (e.g. resident sleeping, headache better etc)".</p> <p>The lack of documentation regarding the PRN</p>	R171	<p>Please see attached</p>	

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R171	Continued From page 3 medication effectiveness was confirmed with the Nurse Educator at 9:30 AM on 4/18/2018.	R171		
R249 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to ensure that all food handling and storage techniques were consistent with safe food handling practices. Findings include: During an environmental tour of the kitchen, several large, clear plastic containers were observed to be used for the storage of cereal, breadcrumbs and sugar substitute. None of the plastic containers had a date of when the food items were first used or placed in the plastic storage containers. Two bags of opened, unsealed potato chips were observed without a date of when the item was first opened. These observations were confirmed with the Administrator and Chef at approximately 10:00 AM on 4/17/2018.	R249		
			Please see attached	

R145

Though the care plan had not been updated, it was noted in the nurses notes extensively, posted in the med room as well as identified in the staffs daily assignments to monitor Resident #3 and Resident #4. Our staff generally uses their "daily assignment" as the plan of care for each individual resident as responsibilities are mapped out extensively in layman's terms. Nursing and staff intervened on multiple occasions, as noted in the nursing/staff notes. Events were reported to APS accordingly.

This care plan was updated on 04/18/2018. Nursing is responsible to ensure that care plans are updated as needed. We have now implemented care plan review with annual assessments to ensure that they are up to date.

Effective 04/18/2018

R-145 POC accepted 5/15/18 F. McIntosh Rv/s. Reuy RD

R171

We currently do MAR audits monthly (at the end of the month). Our current audits over the last year show that we have 0-5 missed follow ups at the close of the month. Staff who have not completed their follow ups are written up and re-educated on the importance of documenting the outcome of the prn medication they are administering. Our nurse educator has immediately begun a MAR audit three times weekly and has reviewed with all PRN med certified staff the policy and procedures of this task, as a refresher. We will begin MAR audits weekly for the next few months and if found to be in compliance, we will go back to the monthly audits, along with adding random checks during the month to monitor more closely.

Effective 04/18/2018

R 171 POC accepted 5/15/18 F. McIntosh Rv/s. Reuy RD

R249

Because we buy our cereals etc. in bulk, we transfer them into sealed plastic containers to help them stay fresh. Shelf life for cereal is 2-3 months once opened. We fill and re-fill our containers at least weekly so there isn't time for spoilage.

The bags of opened chips did not belong to the facility and should not have been in the kitchen. The bag that did belong to the facility was closed and sealed with tape with the date. Regardless, any food left in the kitchen by staff will now be thrown away when found as staff food is not allowed in the kitchen.

Dates were placed on all containers effective 04/17/18 at 1730. Kitchen staff is responsible to make sure everything is labeled and dated appropriately.

R-249 POC accepted 5/15/18
F. McIntosh Rv/s. Reuy, RN